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**FACSIMILE TRANSMISSION****DATE:** April 21, 2005**TOTAL PAGES, INCLUDING COVER:** 9**To:**

| NAME:  | FACSIMILE NO. | TELEPHONE NO. |
|--|---------------|---------------|
| Commissioner for Patents<br>Examiner Jessica R. Baxter<br>GAU 3731 | 703-872-9306  |               |

**FROM:** Stephen C. Beuerle**RE:** Application No. 10/755,080  
Filed: 01/10/2004  
Our Ref. 110447-000002**CC:****MESSAGE:**

Attached are:

- 1) Transmittal form;
- 2) Fee transmittal form; and
- 3) Reply to restriction requirement with certificate of transmission

**CONFIDENTIAL INFORMATION**

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Client Name: M. Samy Abdou  
Client/Matter No.: 110447.000002  
Equitrac No: 8085  
110447.000002/528786.01

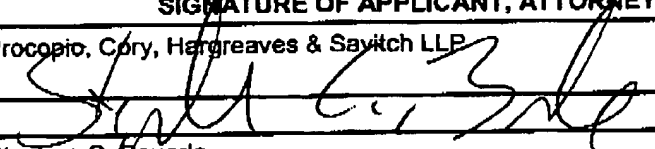
PTO/SB/21 (09-04)


Approved for use through 07/31/2008. OMB 0651-0031

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|  |                        |                   |
|--|------------------------|-------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number     | 10/755,080        |
|  | Filing Date            | 01/10/2004        |
|  | First Named Inventor   | M. Samy Abdou     |
|  | Art Unit               | 3731              |
|  | Examiner Name          | Jessica R. Baxter |
|  | Attorney Docket Number | 110447-000002     |
| Total Number of Pages in This Submission   |                        |                   |

| ENCLOSURES (Check all that apply)   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks   |   |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  |   |  |
| Firm Name   | Procopio, Cory, Hargreaves & Savitch LLP  |  |
| Signature   |    |  |
| Printed name  | Stephen C. Beuerle  |  |
| Date  | April 21, 2005  | Reg. No. 38,380  |

| CERTIFICATE OF TRANSMISSION/MAILING   |   |                     |
|---|---|---------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |   |                     |
| Signature   |  |                     |
| Typed or printed name   | Shari Herron  | Date April 21, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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|   |  |                          |                   |
|---|--|--------------------------|-------------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>for FY 2005</b> |  | <b>Complete If Known</b> |                   |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Application Number       | 10/755,080        |
|   |  | Filing Date              | 01/10/2004        |
|   |  | First Named Inventor     | M. Samy Abdou     |
|   |  | Examiner Name            | Jessica R. Baxter |
|   |  | Art Unit                 | 3731              |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | Attorney Docket No.      | 110447-000002     |

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-2075 Deposit Account Name: Procopio, Cory, Hargreaves & Savitch LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
☐ Charge fee(s) indicated below, except for the filing fee  
☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

## 2. EXCESS CLAIM FEES

| Fee Description   | Small Entity Fee (\$) | Fee (\$)        |
|---|-----------------------|-----------------|
| Each claim over 20 (including Reissues)                               | 50                    | 25              |
| Each independent claim over 3 (including Reissues)                    | 200                   | 100             |
| Multiple dependent claims   | 360                   | 180             |
| <b>Total Claims</b>   | <b>Extra Claims</b>   | <b>Fee (\$)</b> |
| - 20 or HP = _____ x _____ = _____                                    |                       |                 |
| HP = highest number of total claims paid for, if greater than 20      |                       |                 |
| <b>Indep. Claims</b>  | <b>Extra Claims</b>   | <b>Fee (\$)</b> |
| - 3 or HP = _____ x _____ = _____                                     |                       |                 |
| HP = highest number of independent claims paid for, if greater than 3 |                       |                 |

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---|--------------|--|----------|---------------|
| - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ |              |  |          |               |

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

|                   |   |                         |                        |
|-------------------|---|-------------------------|------------------------|
| SUBMITTED BY      |   | Registration No. 38,380 | Telephone 619-238-1900 |
| Signature         |  | (Attorney/Agent)        |                        |
| Name (Print/Type) | Stephen C. Beuerle  | Date                    | April 21, 2005         |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Serial No. 10/755,880  
April 22, 2005 Reply to  
March 22, 2005 Office Action

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Serial No.:** 10/755,080  
**Applicant:** M. Samy Abdou  
**Filed:** January 10, 2004  
**Title:** Plating System for Bone Fixation  
and Subsidence and Method of  
Implantation

**Art Unit:** 3731  
**Examiner:** Jessica R. Baxter  
**Docket No.:** 110447-000002

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**REPLY TO RESTRICTION REQUIREMENT**

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Official Action mailed March 22, 2005, reconsideration and allowance of the above-identified case is respectfully requested in view of the following amendments and remarks:

**Amendments to the Claims begin on page 2 of this paper; and**

**Remarks begin on page 6 of this paper.**

**CERTIFICATE OF TRANSMISSION**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (703) 872-9306.

4/21/05

110447.000001/525684.01

Shari Herron  
Name of Person Faxing Paper  
Shari Herron  
Signature of Person Faxing Papers